

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American Council of Life Insurers Political Action Committee

ADDRESS (number and street)

101 Constitution Ave., NW

Suite 700

Check if different
than previously
reported. (ACC)

Washington

DC

20001

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00147066

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report (Q1)July 15
Quarterly Report (Q2)October 15
Quarterly Report (Q3)January 31
Quarterly Report (YE)July 31 Mid-Year
Report (Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

in the
State of

5. Covering Period

03

01

2011

through

03

31

2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Mr. Donald L. Walker

Signature of Treasurer

Electronically Filed by Mr. Donald L. Walker

Date

04

18

2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Council of Life Insurers Political Action Committee

Report Covering the Period:

From:

M M
0 3D D
0 1Y Y Y Y
2 0 1 1

To:

M M
0 3D D
3 1Y Y Y Y
2 0 1 1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <input type="text" value="2011"/>		<input type="text" value="59453.10"/>
(b) Cash on Hand at Beginning of Reporting Period	<input type="text" value="13229.11"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="63554.96"/>	<input type="text" value="91030.97"/>
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<input type="text" value="76784.07"/>	<input type="text" value="150484.07"/>
7. Total Disbursements (from Line 31)	<input type="text" value="65580.04"/>	<input type="text" value="139280.04"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<input type="text" value="11204.03"/>	<input type="text" value="11204.03"/>
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Council of Life Insurers Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	3	0	1	2	0	1	1

To:

M	M	D	D	Y	Y	Y	Y
0	3	3	1	2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	5709.04	13105.49
(ii) Unitemized	1345.92	6425.48
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤	7054.96	19530.97
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	56500.00	71500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ➤	63554.96	91030.97
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	63554.96	91030.97
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	63554.96	91030.97

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	1173.54	1173.54	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	1173.54	1173.54	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	60906.50	134606.50	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	3500.00	3500.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	65580.04	139280.04	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	65580.04	139280.04	

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	63554.96	91030.97
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	63554.96	91030.97
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1173.54	1173.54
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1173.54	1173.54

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 35

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

PrinPAC

Mailing Address 711 High Street

City

Des Moines

State

IA

Zip Code

50392

FEC ID number of contributing
federal political committee.

C C00128918

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 3 / 2 0 1 1

Transaction ID: 39066373

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

HSBC North America PAC (H-PAC)

Mailing Address 26525 N. Riverwoods Blvd.

City

Mettawa

State

IL

Zip Code

60045

FEC ID number of contributing
federal political committee.

C C00033423

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 3 / 2 0 1 1

Transaction ID: 39069001

Amount of Each Receipt this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

Trustmark Ins. Co. PAC

Mailing Address Trustmark Insurance Company
400 Field Drive

City

Lake Forest

State

IL

Zip Code

60045

FEC ID number of contributing
federal political committee.

C C00156166

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 4 / 2 0 1 1

Transaction ID: 39075612

Amount of Each Receipt this Period

4000.00

SUBTOTAL of Receipts This Page (optional)

11500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MetLife, Inc. Employee's Participation Fund A

Mailing Address One MetLife Plaza
1095 Avenue of the Americas

City State Zip Code
New York NY 10036

FEC ID number of contributing
federal political committee.

C C00040923

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 2 / 2 0 1 1

Transaction ID: 39076234

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

AEGON USA Inc. Political Action Committee

Mailing Address 1111 North Charles Street

City State Zip Code
Baltimore MD 21201

FEC ID number of contributing
federal political committee.

C C00236414

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 8 / 2 0 1 1

Transaction ID: 39088722

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Guardian Life PAC

Mailing Address 7 Hanover Square

City State Zip Code
New York NY 10004

FEC ID number of contributing
federal political committee.

C C00173393

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 0 / 2 0 1 1

Transaction ID: 39202633

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

15000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 35

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

AXA Equitable PAC

Mailing Address c/o AXA Equitable Life Assurance S
1290 Avenue of the Americas

City State Zip Code
New York NY 10104

FEC ID number of contributing
federal political committee.

C C00161901

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 4 / 2 0 1 1

Transaction ID: 39234311

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Pacific Life PAC

Mailing Address 700 Newport Center Drive

City State Zip Code
Newport Beach CA 92660

FEC ID number of contributing
federal political committee.

C C00068528

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 1 / 2 0 1 1

Transaction ID: 39285301

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

ING US PAC

Mailing Address One Orange Way
C1N

City State Zip Code
Windsor CT 06095

FEC ID number of contributing
federal political committee.

C C00184028

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 6 / 2 0 1 1

Transaction ID: 39285302

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

15000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

HSBC North America PAC (H-PAC)

Mailing Address 26525 N. Riverwoods Blvd.

City

Mettawa

State

IL

Zip Code

60045

FEC ID number of contributing
federal political committee.

C

C00033423

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 8 / 2 0 1 1

Transaction ID: 39424837

Amount of Each Receipt this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Genworth Financial Inc. PAC

Mailing Address 6620 W. Broad Street

City

Richmond

State

VA

Zip Code

23230

FEC ID number of contributing
federal political committee.

C

C00404194

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 8 / 2 0 1 1

Transaction ID: 39424838

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Hartford Advocates Fund

Mailing Address 690 Asylum Avenue

City

Hartford

State

CT

Zip Code

06115

FEC ID number of contributing
federal political committee.

C

C00168864

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 8 / 2 0 1 1

Transaction ID: 39424842

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

12500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 35

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Nationwide Mutual Insurance Co PAC

Mailing Address One Nationwide Plaza

City

Columbus

State

OH

Zip Code

43215-2220

FEC ID number of contributing
federal political committee.**C**

C00076174

Name of Employer

Occupation

Receipt For:

☐
☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	0		2	0	1	1

Transaction ID: 39458581

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

56500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Dennis J. Manning

Mailing Address 631 Long Ridge Road
Unit 22

City State Zip Code
Stamford CT 06902-1258

FEC ID number of contributing
federal political committee.

C

Name of Employer
Guardian Life Insurance
Company of Ame

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 0 / 2 0 1 1

Transaction ID: 39202634

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Geri Gaughan

Mailing Address 2001 Grove Street

City State Zip Code
Glenview IL 60025-2817

FEC ID number of contributing
federal political committee.

C

Name of Employer
MTL Insurance Company

Occupation
General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 1

Transaction ID: 39458602

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Ross L. Sargent

Mailing Address 101 Constitution Ave, NW
Suite 700

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
Senior Counsel, State Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.61

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 1

Transaction ID: PR1120489721674

Amount of Each Receipt this Period

101.54

P/R Deduction (\$50.77 Sem-
i-Monthly)

SUBTOTAL of Receipts This Page (optional)

1101.54

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Donald L. Walker

Mailing Address 101 Constitution Ave, NW
Suite 700

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
SVP, Administration & CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 1

Transaction ID: PR1156427121674

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Semi-Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Walter C. Welsh

Mailing Address 101 Constitution Ave, NW
101 Constitution Ave, NW

City State Zip Code
Washington DC 20001-2140

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1108.44

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 1

Transaction ID: PR1550105921674

Amount of Each Receipt this Period

369.48

P/R Deduction (\$184.74 Semi-Monthly)

C.

Full Name (Last, First, Middle Initial)

Ms. Kathleen F. Kiernan-Pagani

Mailing Address 101 Constitution Ave, NW
Suite 700

City State Zip Code
Washington DC 20001-2140

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
Sr. Counsel, State Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

456.89

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 1

Transaction ID: PR1728112721674

Amount of Each Receipt this Period

152.30

P/R Deduction (\$76.15 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)

621.78

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ms. Carolyn C. Cobb

Mailing Address 101 Constitution Ave, NW
Suite 700

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
Vice President & Associate General Cou

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

562.50

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 1

Transaction ID: PR1821819621674

Amount of Each Receipt this Period

187.50

P/R Deduction (\$93.75 Sem-
i-Monthly)

B.

Full Name (Last, First, Middle Initial)

The Honora Dirk A. Kempthorne

Mailing Address 101 Constitution Ave, NW
Suite 700

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
President and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.98

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 1

Transaction ID: PR1871324521674

Amount of Each Receipt this Period

416.66

P/R Deduction (\$208.33 Se-
mi-Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Brian Waidmann

Mailing Address 101 Constitution Ave, NW
Suite 700

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
Chief of Staff

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

624.99

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 1

Transaction ID: PR1872428321674

Amount of Each Receipt this Period

416.66

P/R Deduction (\$208.33 Se-
mi-Monthly)

SUBTOTAL of Receipts This Page (optional)

1020.82

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Gary E. Hughes

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation

Executive Vice President & General Cou

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

930.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 1

Transaction ID: PR771358221674

Amount of Each Receipt this Period

310.00

P/R Deduction (\$155.00 Se-
mi-Monthly)

B.

Full Name (Last, First, Middle Initial)

Ms. Linda H. Cunningham

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation

Vice President, Conference Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

321.49

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 1

Transaction ID: PR771362421674

Amount of Each Receipt this Period

107.16

P/R Deduction (\$53.58 Sem-
i-Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. J. Bruce Ferguson

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation

Senior Vice President, State Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

859.38

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 1

Transaction ID: PR771373221674

Amount of Each Receipt this Period

286.46

P/R Deduction (\$143.23 Se-
mi-Monthly)

SUBTOTAL of Receipts This Page (optional)

703.62

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. David M. Leifer

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
Vice President & Associate General Cou

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.49

Date of Receipt

M M / D D / Y Y Y Y
03 / 31 / 2011

Transaction ID: PR771374021674

Amount of Each Receipt this Period

155.16

P/R Deduction (\$77.58 Sem-
i-Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. John W. Mangan, CEBS

Mailing Address 101 Constitution Ave, NW
Suite 700

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
Regional Vice President, State Relatio

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 31 / 2011

Transaction ID: PR771377121674

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Se-
mi-Monthly)

C.

Full Name (Last, First, Middle Initial)

Ms. Kimberly O. Dorgan

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
Senior Executive Vice President, Publi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.98

Date of Receipt

M M / D D / Y Y Y Y
03 / 31 / 2011

Transaction ID: PR771395121674

Amount of Each Receipt this Period

416.66

P/R Deduction (\$208.33 Se-
mi-Monthly)

SUBTOTAL of Receipts This Page (optional)

771.82

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Morris Goff

Mailing Address 101 Constitution Avenue, NW
Suite 700 WestCity State Zip Code
Washington DC 20001-2133FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
InsurersOccupation
Vice President, Federal Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

561.78

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 1

Transaction ID: PR771419321674

Amount of Each Receipt this Period

187.26

P/R Deduction (\$93.63 Sem-
i-Monthly)

B.

Full Name (Last, First, Middle Initial)

Ms. Brenda S. Nation

Mailing Address 101 Constitution Avenue, NW
Suite 700 WestCity State Zip Code
Washington DC 20001-2133FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
InsurersOccupation
Regional Vice President, State Relatio

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 1

Transaction ID: PR771419921674

Amount of Each Receipt this Period

150.00

P/R Deduction (\$75.00 Sem-
i-Monthly)

C.

Full Name (Last, First, Middle Initial)

Ms. Debra K. West

Mailing Address 101 Constitution Avenue, NW
Suite 700 WestCity State Zip Code
Washington DC 20001-2133FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
InsurersOccupation
Regional Vice President, State Relatio

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 1

Transaction ID: PR771421021674

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Sem-
i-Monthly)

SUBTOTAL of Receipts This Page (optional)

437.26

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ms. Katherine C. Smith

Mailing Address 101 Constitution Ave, NW
Suite 700 West

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
PAC Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.77

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 1

Transaction ID: PR771422921674

Amount of Each Receipt this Period

69.26

P/R Deduction (\$34.63 Sem-
i-Monthly)

B.

Full Name (Last, First, Middle Initial)

Ms. Lisa Tate

Mailing Address 101 Constitution Avenue, NW
Suite 700

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
VP, Litigation & Assoc. Gen. Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 1

Transaction ID: PR771423221674

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Sem-
i-Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. John P. Gerni

Mailing Address 101 Constitution Ave, NW
Suite 700

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
Regional Vice President, State Relatio

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

391.25

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 1

Transaction ID: PR771428721674

Amount of Each Receipt this Period

130.42

P/R Deduction (\$65.21 Sem-
i-Monthly)

SUBTOTAL of Receipts This Page (optional)

279.68

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Juan Carlos Scott

Mailing Address 101 Constitution Ave, NW
Suite 700 West

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
Senior Vice President, Federal Relatio

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

429.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 1

Transaction ID: PR771428821674

Amount of Each Receipt this Period

143.00

P/R Deduction (\$71.50 Sem-
i-Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. David C. Turner

Mailing Address 101 Constitution Ave, NW
Suite 700

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
EVP, Chief of Staff & Corp. Secretary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

752.27

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 1

Transaction ID: PR771428921674

Amount of Each Receipt this Period

250.76

P/R Deduction (\$125.38 Se-
mi-Monthly)

C.

Full Name (Last, First, Middle Initial)

Ms. Alane R. Dent

Mailing Address 101 Constitution Ave, NW
Suite 700

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
Vice President, Federal Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

306.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 1

Transaction ID: PR771444321674

Amount of Each Receipt this Period

180.00

P/R Deduction (\$90.00 Sem-
i-Monthly)

SUBTOTAL of Receipts This Page (optional)

573.76

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 35

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Maurice Perkins

Mailing Address 101 Constitution Ave, NW
Suite 700

City	State	Zip Code
Washington	DC	20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
InsurersOccupation
Vice President, Federal Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

596.28

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	1

Transaction ID: PR805149121674

Amount of Each Receipt this Period

198.76

P/R Deduction (\$99.38 Sem-
i-Monthly)

SUBTOTAL of Receipts This Page (optional)

198.76

TOTAL This Period (last page this line number only)

5709.04

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 20 / 35

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Republican Senate Campaign Committee of Ohio

Mailing Address Attn: Matthew Yuskewich, Treas.
211 South Fifth Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼011
Category/
Type

Transaction ID: 39083851

Date of Disbursement

M M / D D / Y Y Y Y
0 3 / 0 8 / 2 0 1 1

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Batchelder for Representative

Mailing Address 4086 Irvine Oval

City Medina State OH Zip Code 44256

Purpose of Disbursement
William Batchelder, STATE HOUSE 69th OHCandidate Name
Mr. William BatchelderOffice Sought: ☒ House
☐ Senate
☐ President

State: OH District: 69

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼011
Category/
Type

Transaction ID: 39083854

Date of Disbursement

M M / D D / Y Y Y Y
0 3 / 0 8 / 2 0 1 1

Amount of Each Disbursement this Period

1000.00

William Batchelder, STATE
HOUSE 69th OH

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

3500.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 21 / 35

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Growth and Prosperity PAC

Mailing Address 217 Third Street, SE

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement

011

Category/
Type

Candidate Name
Growth and Prosperity PAC

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 39141875

Date of Disbursement

03 / 09 / 2011

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

ERICPAC

Mailing Address 209 Pennsylvania Ave, SE

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement

011

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 39142082

Date of Disbursement

03 / 09 / 2011

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

South Dakota First PAC

Mailing Address 122 Maryland Ave, NE

City
Washington

State
DC

Zip Code
20002

Purpose of Disbursement

011

Category/
Type

Candidate Name
South Dakota First PAC

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 39142117

Date of Disbursement

03 / 09 / 2011

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

11000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 22 / 35

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Heller For Congress

Mailing Address P.O. Box 531086

City
Henderson

State
NV

Zip Code
89503

Purpose of Disbursement

011

Category/
Type

Candidate Name
Rep. Dean Heller

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: NV District: 02

Transaction ID: 39142161

Date of Disbursement

03 / 09 / 2011

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

DCCC

Mailing Address 430 South Capitol Street, SE

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement

011

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 39142215

Date of Disbursement

03 / 09 / 2011

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

NRCC

Mailing Address 320 First Street, SE

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement

011

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 39142266

Date of Disbursement

03 / 09 / 2011

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

11000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 23 / 35

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

DSCC

Mailing Address 120 Maryland Avenue, NE

City
Washington

State
DC

Zip Code
20006

Purpose of Disbursement

011

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 39142313

Date of Disbursement

03 / 09 / 2011

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

NRSC

Mailing Address 425 2nd Street, NE

City
Washington

State
DC

Zip Code
20002

Purpose of Disbursement

011

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 39142367

Date of Disbursement

03 / 09 / 2011

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

NRSC

Mailing Address 425 2nd Street, NE

City
Washington

State
DC

Zip Code
20002

Purpose of Disbursement

011

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 39202642

Date of Disbursement

03 / 10 / 2011

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

DSCC

Mailing Address 120 Maryland Avenue, NE

City
Washington

State
DC

Zip Code
20006

Purpose of Disbursement

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 39202644

Date of Disbursement

03 / 10 / 2011

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Friends of Jeb Hensarling

Mailing Address PO Box 820504

City
Dallas

State
TX

Zip Code
75382

Purpose of Disbursement

Candidate Name
Jeb Hensarling

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For:

☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 05

Transaction ID: 39408191

Date of Disbursement

03 / 24 / 2011

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Nelson 2012

Mailing Address PO Box 8666

City
Omaha

State
NE

Zip Code
68108

Purpose of Disbursement

Candidate Name
Sen. Ben Nelson

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For:

☒ Primary ☐ General
☐ Other (specify) ▼

State: NE District:

Transaction ID: 39408207

Date of Disbursement

03 / 24 / 2011

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A. Full Name (Last, First, Middle Initial) Montanans For Tester	Transaction ID: 39408210 Date of Disbursement																				
Mailing Address PO Box 1135	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	4		2	0	1	1												
City Helena State MT Zip Code 59624	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Sen. Jon Tester	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Mike Crapo for US Senate	Transaction ID: 39408211 Date of Disbursement																				
Mailing Address PO Box 1948	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	4		2	0	1	1												
City Boise State ID Zip Code 83701	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name Michael Crapo	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ID District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Hatch Election Committee	Transaction ID: 39408231 Date of Disbursement																				
Mailing Address 257 East 200 South Suite 950	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	4		2	0	1	1												
City Salt Lake City State UT Zip Code 84111	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Candidate Name Orrin Hatch	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: UT District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A. Full Name (Last, First, Middle Initial) Gillibrand For Senate Mailing Address 313 C Street Ne	Transaction ID: 39408238 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 4 / 2 0 1 1</div> </div>
City Washington State DC Zip Code 20002 Purpose of Disbursement Candidate Name Kirsten Gillibrand Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: DC District: Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>1000.00</div> <div>011</div> Category/ Type
B. Full Name (Last, First, Middle Initial) Maloney For Congress Mailing Address 110 D Street, SE City Washington State DC Zip Code 20003 Purpose of Disbursement Candidate Name Rep. Carolyn Maloney Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 14 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 39408239 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 4 / 2 0 1 1</div> </div> Amount of Each Disbursement this Period <div>1000.00</div> <div>011</div> Category/ Type
C. Full Name (Last, First, Middle Initial) Friends Of Jim Clyburn Mailing Address PO Box 12567 City Columbia State SC Zip Code 29211 Purpose of Disbursement Candidate Name Rep. James Clyburn Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 06 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 39408240 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 4 / 2 0 1 1</div> </div> Amount of Each Disbursement this Period <div>1000.00</div> <div>011</div> Category/ Type

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A. Full Name (Last, First, Middle Initial)
Roskam For Congress Committee

Mailing Address P. O. Box 713

City Wheaton State IL Zip Code 60187

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Peter Roskam

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 06

Transaction ID: 39408241

Date of Disbursement

03 / 24 / 2011

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
Scott Brown For Us Senate Committee

Mailing Address P.O. Box 395

City Wrentham State MA Zip Code 02903

Purpose of Disbursement

011
Category/
Type

Candidate Name
Sen. Scott Brown

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: MA District:

Transaction ID: 39408289

Date of Disbursement

03 / 24 / 2011

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
Stivers for Congress

Mailing Address 4679 Winterset Drive

City Columbus State OH Zip Code 43220

Purpose of Disbursement

011
Category/
Type

Candidate Name
Mr. Steve Stivers

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 15

Transaction ID: 39408330

Date of Disbursement

03 / 24 / 2011

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A. Full Name (Last, First, Middle Initial) Price For Congress	Transaction ID: 39408334 Date of Disbursement																				
Mailing Address PO Box 425	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	4		2	0	1	1												
City Roswell State GA Zip Code 30077	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Rep. Thomas Price, M.D.	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 06	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Geoff Davis For Congress	Transaction ID: 39408335 Date of Disbursement																				
Mailing Address 3161 Dixie Highway Suite F	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	4		2	0	1	1												
City Erlanger State KY Zip Code 41018	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Rep. Geoffrey Davis	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 04	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Wicker For Senate	Transaction ID: 39408337 Date of Disbursement																				
Mailing Address PO Box 64	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	4		2	0	1	1												
City Jackson State MS Zip Code 39205	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Mr. Roger Wicker	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MS District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Bob Corker For Senate</p> <p>Mailing Address PO Box 848</p> <p>City Chattanooga State TN Zip Code 37401</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Sen. Robert Corker</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: TN District:</p>	<p>Transaction ID: 39408340</p> <p>Date of Disbursement <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 0 3</div> <div><small>D D</small> 2 4</div> <div><small>Y Y Y Y</small> 2 0 1 1</div> </div> </p> <p>Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: right;">1000.00</div> </p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Capuano For Congress Committee</p> <p>Mailing Address PO Box 440305</p> <p>City Somerville State MA Zip Code 02144</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Michael Capuano</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: MA District: 08</p>	<p>Transaction ID: 39408342</p> <p>Date of Disbursement <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 0 3</div> <div><small>D D</small> 2 4</div> <div><small>Y Y Y Y</small> 2 0 1 1</div> </div> </p> <p>Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: right;">1000.00</div> </p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Richard E. Neal for Congress Committee</p> <p>Mailing Address 76 Magnolia Terrace</p> <p>City Springfield State MA Zip Code 01108</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Richard Neal</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: MA District: 02</p>	<p>Transaction ID: 39408346</p> <p>Date of Disbursement <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 0 3</div> <div><small>D D</small> 2 4</div> <div><small>Y Y Y Y</small> 2 0 1 1</div> </div> </p> <p>Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: right;">1000.00</div> </p>

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A. Full Name (Last, First, Middle Initial) Garrett for Congress	Transaction ID: 39408347 Date of Disbursement																				
Mailing Address P.O. Box 905	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	4		2	0	1	1												
City Newton State NJ Zip Code 07860	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Scott Garrett	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 05	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Menendez For Senate	Transaction ID: 39425622 Date of Disbursement																				
Mailing Address P.O. Box 848	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	9		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	9		2	0	1	1												
City Union City State NJ Zip Code 07087	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Mr. Robert Menendez	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Becerra for Congress	Transaction ID: 39425624 Date of Disbursement																				
Mailing Address PO Box 261060	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	9		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	9		2	0	1	1												
City Los Angeles State CA Zip Code 90026	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Xavier Becerra	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 31	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A. Full Name (Last, First, Middle Initial) Campbell For Congress	Transaction ID: 39425625 Date of Disbursement
Mailing Address 4590 Macarthur Blvd. Suite 500	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 9 / 2 0 1 1</div> </div>
City Irvine State CA Zip Code 92660	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>1000.00</div>
Candidate Name Rep. John Campbell	<div>011</div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 48	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Kay Hagan For Us Senate	Transaction ID: 39425627 Date of Disbursement
Mailing Address PO Box 29103	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 9 / 2 0 1 1</div> </div>
City Greensboro State NC Zip Code 27429	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>1000.00</div>
Candidate Name Kay Hagan	<div>011</div> <div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Mike Thompson For Congress	Transaction ID: 39425628 Date of Disbursement
Mailing Address 5429 Madison Avenue	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 9 / 2 0 1 1</div> </div>
City Sacramento State CA Zip Code 95841	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>2500.00</div>
Candidate Name Rep. Michael Thompson	<div>011</div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 01	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MENUS Catering by Occasions

Mailing Address 5458 Third Street NE

City
Washington

State
DC

Zip Code
20011

Purpose of Disbursement
In-Kind for Catering for 2/10 Meet and Greet

Candidate Name
Rep. Thomas Price, M.D.

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 06

Transaction ID: 39674568

Date of Disbursement

03 / 29 / 2011

Amount of Each Disbursement this Period

288.75

In-Kind for Catering for
2/10 Meet and Greet

B.

Full Name (Last, First, Middle Initial)

MENUS Catering by Occasions

Mailing Address 5458 Third Street NE

City
Washington

State
DC

Zip Code
20011

Purpose of Disbursement
In-Kind for Catering for 2/10 Meet and Greet

Candidate Name
Mr. Aaron Schock

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 18

Transaction ID: 39674569

Date of Disbursement

03 / 29 / 2011

Amount of Each Disbursement this Period

288.75

In-Kind for Catering for
2/10 Meet and Greet

C.

Full Name (Last, First, Middle Initial)

MENUS Catering by Occasions

Mailing Address 5458 Third Street NE

City
Washington

State
DC

Zip Code
20011

Purpose of Disbursement
In-Kind for Catering for 2/9 Meet and Greet

Candidate Name
Mr. Francisco Canseco

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 23

Transaction ID: 39674570

Date of Disbursement

03 / 29 / 2011

Amount of Each Disbursement this Period

125.25

In-Kind for Catering for
2/9 Meet and Greet

SUBTOTAL of Disbursements This Page (optional)

702.75

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MENUS Catering by Occasions

Mailing Address 5458 Third Street NE

City
Washington

State
DC

Zip Code
20011

Purpose of Disbursement
In-Kind for Catering for 2/9 Meet and Greet

Candidate Name
Rep. Bill Huizenga

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 02

Transaction ID: 39674571

Date of Disbursement

03 / 29 / 2011

Amount of Each Disbursement this Period

125.25

In-Kind for Catering for
2/9 Meet and Greet

B.

Full Name (Last, First, Middle Initial)

MENUS Catering by Occasions

Mailing Address 5458 Third Street NE

City
Washington

State
DC

Zip Code
20011

Purpose of Disbursement
In-Kind for Catering for 2/9 Meet and Greet

Candidate Name
Mr. W. Blaine Luetkemeyer

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: MO District: 09

Transaction ID: 39674572

Date of Disbursement

03 / 29 / 2011

Amount of Each Disbursement this Period

125.25

In-Kind for Catering for
2/9 Meet and Greet

C.

Full Name (Last, First, Middle Initial)

MENUS Catering by Occasions

Mailing Address 5458 Third Street NE

City
Washington

State
DC

Zip Code
20011

Purpose of Disbursement
In-Kind for Catering for 2/9 Meet and Greet

Candidate Name
Rep. Jim Renacci

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 16

Transaction ID: 39674573

Date of Disbursement

03 / 29 / 2011

Amount of Each Disbursement this Period

125.25

In-Kind for Catering for
2/9 Meet and Greet

SUBTOTAL of Disbursements This Page (optional)

375.75

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MENUS Catering by Occasions

Mailing Address 5458 Third Street NE

City
Washington

State
DC

Zip Code
20011

Purpose of Disbursement
In-Kind for Catering for 2/9 Meet and Greet

011

Category/
Type

Candidate Name
Mr. Steve Stivers

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 15

Transaction ID: 39674574

Date of Disbursement

03 / 29 / 2011

Amount of Each Disbursement this Period

125.25

In-Kind for Catering for
2/9 Meet and Greet

B.

Full Name (Last, First, Middle Initial)

MENUS Catering by Occasions

Mailing Address 5458 Third Street NE

City
Washington

State
DC

Zip Code
20011

Purpose of Disbursement
In-Kind for Catering for 2/9 Meet and Greet

011

Category/
Type

Candidate Name
Rep. Lynn Westmoreland

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 03

Transaction ID: 39674575

Date of Disbursement

03 / 29 / 2011

Amount of Each Disbursement this Period

125.25

In-Kind for Catering for
2/9 Meet and Greet

C.

Full Name (Last, First, Middle Initial)

MENUS Catering by Occasions

Mailing Address 5458 Third Street NE

City
Washington

State
DC

Zip Code
20011

Purpose of Disbursement
In-Kind for Catering for 2/17 Meet and Greet

011

Category/
Type

Candidate Name
Rep. Robert Dold

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 10

Transaction ID: 39674577

Date of Disbursement

03 / 29 / 2011

Amount of Each Disbursement this Period

144.37

In-Kind for Catering for
2/17 Meet and Greet

SUBTOTAL of Disbursements This Page (optional)

394.87

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A. Full Name (Last, First, Middle Initial) MENUS Catering by Occasions	Transaction ID: 39674578 Date of Disbursement																				
Mailing Address 5458 Third Street NE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	9		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	9		2	0	1	1												
City Washington State DC Zip Code 20011	Amount of Each Disbursement this Period																				
Purpose of Disbursement In-Kind for Catering for 2/17 Meet and Greet	<table border="1"> <tr> <td>144.37</td> </tr> </table>	144.37																			
144.37																					
Candidate Name Rep. Michael Grimm	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 13	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
In-Kind for Catering for 2/17 Meet and Greet																					
B. Full Name (Last, First, Middle Initial) MENUS Catering by Occasions	Transaction ID: 39674579 Date of Disbursement																				
Mailing Address 5458 Third Street NE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	9		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	9		2	0	1	1												
City Washington State DC Zip Code 20011	Amount of Each Disbursement this Period																				
Purpose of Disbursement In-Kind for Catering for 2/17 Meet and Greet	<table border="1"> <tr> <td>144.38</td> </tr> </table>	144.38																			
144.38																					
Candidate Name Rep. Nan Hayworth	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 19	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
In-Kind for Catering for 2/17 Meet and Greet																					
C. Full Name (Last, First, Middle Initial) MENUS Catering by Occasions	Transaction ID: 39674580 Date of Disbursement																				
Mailing Address 5458 Third Street NE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	9		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	9		2	0	1	1												
City Washington State DC Zip Code 20011	Amount of Each Disbursement this Period																				
Purpose of Disbursement In-Kind for Catering for 2/17 Meet and Greet	<table border="1"> <tr> <td>144.38</td> </tr> </table>	144.38																			
144.38																					
Candidate Name Rep. Robert Hurt	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 05	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
In-Kind for Catering for 2/17 Meet and Greet																					

SUBTOTAL of Disbursements This Page (optional)

433.13

TOTAL This Period (last page this line number only)

60906.50